

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** EPSDT Clinics  
Health Departments  
Managed Care Plans

**Memorandum No: 05-15 MAA**  
**Issued:** March 30, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
1-800-562-6188

**Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Policy Clarifications and Technical Corrections**

**Effective for dates of service on and after April 1, 2005**, the Medical Assistance Administration (MAA) will implement the following:

- New guidelines for appropriate use of administration codes for immunizations;
- Clearer instructions to Health Departments billing for immunizations and administration; and
- Technical corrections to the immunization tables.

**Immunizations and Administration**

- Do not bill any of the codes in the following table in combination with CPT codes 90471-90472. MAA limits reimbursement for immunization administration charges to a maximum of two vaccines (e.g., one unit of 90465 and one unit of 90466; or one unit of 90467 and one unit of 90468) per visit.

<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/05 Maximum Allowable Fee</b>
90465	Immune admin 1 inj, <8 yrs (may not be reported in conjunction with 90467)	\$11.11
90466	Immune admin addl inj, < 8 yrs (must be reported in conjunction with 90465 <b>or</b> 90467)	6.57
90467	Immune admin O or N < 8 yrs (may not be reported in conjunction with 90465)	5.00
90468	Immune admin O/N, addl < 8 y (must be reported in conjunction with 90465 <b>or</b> 90467)	3.00

- MAA does not reimburse for CPT code 99211 on the same date of service as drug administration 90780 – 90784. If billed in combination, MAA will deny the E&M code 99211. However, providers may bill other E&M codes on the same date of service utilizing modifier 25 to indicate that a significant and separately identifiable E&M service was provided. If modifier 25 is not utilized, MAA will deny the drug administration code.



**Note:** MAA reimburses for the above immunization administration codes **only** when the physician counsels the client/family at the time of the administration and the vaccine **is not** available free of charge from the Department of Health (DOH). When the vaccine is received free of charge from DOH, bill MAA for CPT code 99211 and the appropriate vaccine code with modifier SL.

## Clarification to Health Departments

Health Departments may bill MAA for CPT code 99211 when an immunization is the only service provided.

**For example:** If a client received an immunization where the vaccine was not available free of charge from DOH, you may bill MAA for CPT code 99211, one of the immunization administration codes (i.e., 90471-90472 or 90465-90468), and the vaccine. If the vaccine was received at no charge from DOH, you may bill CPT code 99211 and the appropriate vaccine code with modifier SL.

## Corrections to the Immunization Tables

- On page E.8 of MAA's *EPSDT Billing Instructions*, MAA incorrectly stated that CPT 90732 requires prior authorization (PA). This CPT code **does not** require PA.
- The following procedure codes should have been shaded (shading indicates that these vaccines are available free from DOH) in Numbered Memorandum 04-87 MAA, but were not. MAA has fixed this and is attaching replacement pages to this memorandum:

Procedure Code	Brief Description
90702	Dt vaccine <7, im
90716	Chicken pox vaccine, sc
90718	Td vaccine > 7, im
90732	Pneumococcal vaccine
90744	Hep b vacc ped/adol 3 dose im
90747	Hep b vacc, ill pat 4 dose im

## **Billing Instructions Replacement Pages**

Attached are replacement pages E.7-E.8 of MAA's current *EPSDT Billing Instructions*.

## **How can I get MAA's provider issuances?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90465	Immune admin 1 inj, <8 yrs	\$11.11	\$11.11
90466	Immune admin addl inj, < 8 yrs	6.57	6.57
90467	Immune admin O or N < 8 yrs	5.00	5.00
90468	Immune admin O/N, addl < 8 y	3.00	3.00
90471	Immunization admin	5.00	5.00
90472	Immunization admin, each add	3.00	3.00

## Immunization Fees

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90585	Bcg vaccine, percut	\$122.54	\$122.54
90586	Bcg vaccine, intravesical	118.41	118.41
90632	Hep a vaccine, adult im	44.43	44.43
90633	Hep a vacc, ped/adol, 2 dose	21.95	21.95
90636	Hep a/hep b vacc, adult im	83.33	83.33
90645	Hib vaccine, hboc, im	23.52	23.52
90646	Hib vaccine, prp-d, im	36.82	36.82
90647	Hib vaccine, prp-omp, im	20.42	20.42
90648	Hib vaccine, prp-t, im	21.78	21.78
90655	Flu vacc split pres free 6-35 months (per each 0.25 ml)	12.90	12.90
90656	Flu vacc split pres free 3 years and up (per each .50 ml)	12.09	12.09
90657	Flu vaccine, 6-35 mo, im (per each 0.25 ml)	4.57	4.57
90658	Flu vaccine, 3 yrs, im (per each .50 ml)	9.14	9.14
90660	Flu vaccine, nasal (per dose)	24.19	24.19
90665	Lyme disease vaccine, im	49.23	49.23
90669	Pneumococcal vacc, ped<5	65.47	65.47
90675	Rabies vaccine, im	115.02	115.02
90676	Rabies vaccine, id	67.04	67.04
90690	Typhoid vaccine, oral	36.84	36.84
90691	Typhoid vaccine, im	34.97	34.97
90692	Typhoid vaccine, h-p, sc/id	2.07	2.07
90700	Dtap vaccine, im	12.81	12.81
90701	Dtp vaccine, im	18.21	18.21
90702	Dt vaccine <7, im	4.60	4.60
90703	Tetanus vaccine, im	14.53	14.53
90704	Mumps vaccine, sc	17.81	17.81
90705	Measles vaccine, sc	13.68	13.68

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Billing/Fee Schedule

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90706	Rubella vaccine, sc	14.98	14.98
90707	Mmr vaccine, sc	35.96	35.96
90708	Measles-rubella vaccine, sc	21.81	21.81
90712	Oral poliovirus vaccine	17.59	17.59
90713	Poliovirus vaccine	21.65	21.65
90715	Tdap, 7 years & older, intramuscular	Acquisition cost	Acquisition cost
90716	Chicken pox vaccine, sc	63.23	63.23
90717	Yellow fever vaccine, sc	49.26	49.26
90718	Td vaccine >7, im	9.25	9.25
90720	Dtp/hib vaccine, im	28.34	28.34
90725	Cholera vaccine, injectable	2.78	2.78
90732	Pneumococcal vacc, adult/ill	21.07	21.07
90733	Meningococcal vaccine, sc	55.21	55.21
90734	Meningococcal vaccine, intramuscular (requires PA)	Acquisition cost	Acquisition cost
90735	Encephalitis vaccine, sc	82.14	82.14
90740	Hep b vacc, ill pat 3 dose im	105.80	105.80
90743	Hep b vacc, adol, 2 dose, im	61.49	61.49
90744	Hep b vacc ped/adol 3 dose, im	61.90	61.90
90746	Hep b vaccine, adult, im	51.56	51.56
90747	Hep b vacc, ill pat 4 dose, im	51.84	51.84
90748	Hep b/hib vaccine, im	92.02	92.02
90749	Vaccine toxoid	Not Covered	Not Covered

### Drugs Administered in the Provider's Office

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
J0850	Cytomegalovirus imm IV / vial	\$672.61	\$672.61
J1460	Gamma globulin 1 CC inj	10.00	10.00
J1470	Gamma globulin 2 CC inj	20.00	20.00
J1480	Gamma globulin 3 CC inj	30.00	30.00
J1490	Gamma globulin 4 CC inj	40.01	40.01
J1500	Gamma globulin 5 CC inj	50.01	50.01
J1510	Gamma globulin 6 CC inj	60.05	60.05
J1520	Gamma globulin 7 CC inj	69.96	69.96
J1530	Gamma globulin 8 CC inj	80.02	80.02
J1540	Gamma globulin 9 CC inj	90.08	90.08
J1550	Gamma globulin 10 CC inj	100.02	100.02
J1560	Gamma globulin > 10 CC inj (per cc)	10.00	10.00

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Billing/Fee Schedule